

# STATE HEALTH BENEFIT PLAN FACT SHEET FOR NEW ENROLLEES FOR 2010

## Overview

The State Health Benefit Plan (SHBP) is the division of the Georgia Department of Community Health (DCH) responsible for the administration of the health insurance offered to state employees, teachers, school personnel and certain contract groups.

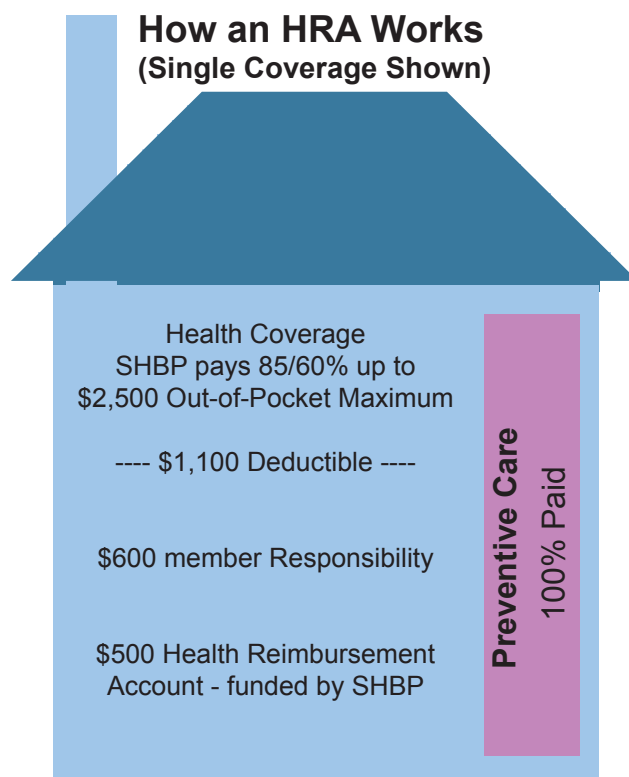
SHBP offers new enrollees the opportunity to choose between two consumer driven health options: the Health Reimbursement Arrangement (HRA) and the High Deductible Health Plan (HDHP) are offered by both CIGNA and UnitedHealthcare (UHC). Benefits are similar under each option, but each vendor has a separate Georgia and national network.

## Health Reimbursement Arrangement (HRA)

Benefits include:

- Low premiums
- One-hundred percent unlimited wellness benefit for each covered member based on national age and gender guidelines when seeing an in-network provider. This benefit does not reduce your HRA account
- SHBP contributes dollars to your HRA for first dollar expenses and these dollars reduce your deductible and out-of-pocket maximum
- Once the HRA dollar credits are exhausted, the member is responsible for a deductible
- Once the deductible has been satisfied, eligible charges are payable at 85 percent of the in-network contracted amount and 60 percent of the usual and customary out-of-network rate
- Any unused HRA dollars roll over to the next Plan Year
- Access to a national network of physicians, facilities and other health care professionals
- Ability to see specialists without a referral
- Selection of a primary care physician is not required

### How an HRA Works (Single Coverage Shown)



**(Note: This option does not have co-pays even for prescription drugs. Members will pay the 15 percent generic and 25 percent brand for in-network or 40 percent co-insurance if out-of-network for prescription drugs).**

## A SNAPSHOT OF SHBP COVERAGE FOR NEW ENROLLEES

### **Health Tools and Resources**

Members have access to a wide variety of health tools and resources to help them make their own decisions about their health care and their health care expenses, including:

- Access to a licensed Registered Nurse any time of the day or night whenever a member has a question or concern
- Online services that provide direct access to track the member's HRA balance, view claims and access to a wealth of health care information, as well as the ability to interact with a health professional
- A Treatment Cost Estimator to help research costs for treatments
- Customer Service by telephone
- 24-hour pharmacy information

## A SNAPSHOT OF SHBP COVERAGE FOR NEW ENROLLEES

Benefit	You pay: In Network	You pay: Out-of-Network
<b>HRA Credits*</b> <ul style="list-style-type: none"> <li>• EE=Employee \$500</li> <li>• EC=Employee + Child(ren) \$1,000</li> <li>• ES=Employee+Spouse \$1,000</li> <li>• EF=Employee+Child(ren)+Spouse \$1,500</li> </ul>		
<b>HRA Deductibles*</b> <ul style="list-style-type: none"> <li>• EE=Employee \$1,100</li> <li>• EC=Employee + Child(ren) \$1,900</li> <li>• ES=Employee+Spouse \$1,900</li> <li>• EF=Employee+Child(ren)+Spouse \$2,750</li> </ul>		
<b>Annual Out-of Pocket Maximums*</b> <ul style="list-style-type: none"> <li>• EE=Employee \$2,500</li> <li>• EC=Employee + Child(ren) \$4,100</li> <li>• ES=Employee+Spouse \$4,100</li> <li>• EF=Employee+Child(ren)+Spouse \$5,700</li> </ul>		
Preventive Care/Wellness	In Network: You pay: \$0 when services received are based on national age and gender guidelines. Not subject to deductible	Out of Network: Not covered; charges do not apply to deductible or annual out-of-pocket limit
Physician Services, Hospitalization, Outpatient Surgery, Lab, X-Ray, Emergency Room, Allergy Shots	You pay: 15 percent; subject to deductible	You pay: 40 percent; subject to deductible
Pharmacy	In Network: You pay: 15 percent; generic/25 percent brand	Out of Network: You pay 40 percent, generic/brand

*\*Your deductibles and out-of-pocket maximums will be reduced by your HRA dollar credits. This is a partial listing of benefits. See the 2010 Health Plan Decision Guide or Summary Plan Description for more information.*

## A SNAPSHOT OF SHBP COVERAGE FOR NEW ENROLLEES

### The High Deductible Health Plan (HDHP):

The HDHP provides in-network and out-of-network benefits for covered services. It has higher annual deductibles and out-of-pocket maximums than most other SHBP health care plans in return for lower premiums.

### What are the Benefits of the High Deductible Health Plan?

- Access to a national network of physicians, facilities and other health care professionals
- Ability to see specialists without a referral
- Selection of a primary care physician is not required
- Ability to use both in- and out-of-network providers
- Out-of-pocket maximum limit for expenses the member pays
- Ability to contribute to a Health Savings Account (HSA)

Benefit	In-Network	Out-of-Network
Deductibles/Co-Payments: <ul style="list-style-type: none"> <li>• EE=Employee</li> <li>• EC=Employee + Child(ren)</li> <li>• ES=Employee+Spouse</li> <li>• EF=Employee+Child(ren)+Spouse</li> </ul> The full deductible must be satisfied before benefits are payable for any individual member	\$1,200 \$2,400 \$2,400 \$2,400	\$2,400 \$4,800 \$4,800 \$4,800
Annual Out-of Pocket Maximum: <ul style="list-style-type: none"> <li>• EE=Employee</li> <li>• EC=Employee + Child(ren)</li> <li>• ES=Employee+Spouse</li> <li>• EF=Employee+Child(ren)+Spouse</li> </ul>	\$1,800 \$3,100 \$3,100 \$3,100	\$4,000 \$7,400 \$7,400 \$7,400
Primary Care Physician or Specialist for wellness care/ preventive health care	You pay: \$0 when services received are based on national age and gender guidelines. Not subject to deductible	Not covered; charges do not apply to deductible or annual out-of-pocket limit
Primary Care Physician or Specialist <ul style="list-style-type: none"> <li>• Treatment of illness or injury</li> <li>• Maternity Care, Outpatient Surgery</li> <li>• Hospital Services - Inpatient</li> <li>• Outpatient and Well-newborn care</li> </ul>	You pay: 10 percent; subject to deductible	You pay: 40 percent; subject to deductible
Pharmacy Tier 1, 2 or 3 Co-Payment	You pay: 20 percent; subject to deductible (Minimum \$10/ Maximum \$100)	Not covered

## A SNAPSHOT OF SHBP COVERAGE FOR NEW ENROLLEES

### What is a Health Savings Account (HSA)?

Members participating in the High Deductible Health Plan may also participate in an HSA. An HSA allows members to set aside tax-exempt funds for future medical expenses. Many HSA accounts offer investment options and are portable. Unused funds roll over from year to year, are owned by the member and can be taken into retirement. Eligibility rules are as follows:

- Cannot be enrolled in Medicare
- Cannot be covered by another group health plan, and
- Cannot be claimed as a dependent on someone else's federal tax return

### How Does an HSA Work?

- The employee contributes to the HSA through an individual HSA account
- The employee uses the HSA to pay for eligible health care expenses
- The employee owns unused HSA money in the account

*These are a partial listing of benefits. See the 2010 Health Plan Decision Guide or Summary Plan Descriptions available at [www.dch.ga.gov/shbp](http://www.dch.ga.gov/shbp).*

### Other Important Information:

#### • SHBP Tobacco and Spousal Surcharges

SHBP charges Tobacco and Spousal Surcharges. The \$40 monthly Spousal Surcharge applies to any member whose spouse is eligible for coverage through his/her employer but elects not to take the coverage. The \$60 Tobacco Surcharge applies to any member who uses and/or one of his/her dependents use tobacco products or have used tobacco products within the last 12 months. This surcharge is designed to encourage tobacco users to adopt a healthier lifestyle. Smoking cessation classes are offered to members wanting to stop using tobacco products.

#### • SHBP Annual Open Enrollment Period

SHBP offers an annual open enrollment period each year in the fall and members are able to select from the consumer driven health options as well as the Open Access Plan (OAP) and the Health Maintenance Organizations (HMO) offered by CIGNA and UHC during this period.

#### • SHBP Qualifying Events

If members have a qualifying event, they may be able to make changes for themselves and their dependents, provided they request the change prior to or within 31 days after the qualifying event. Also, the requested change must correspond to the qualifying event. For a complete description of qualifying events, members should contact the Eligibility Unit at 404-656-6322 in metropolitan Atlanta or 800-610-1863 or refer to their Summary Plan Description (SPD).

- **If you decline coverage when you first become eligible, your options may be limited to the HRA and HDHP should you enroll at a future time, or if you drop out of the plan and re-enroll at a later date. Please refer to the SPD for more details**

**Disclaimer:** *This material is for informational purposes and is not a contract. It is intended only to highlight principal eligibility and benefits. Every effort has been made to be as accurate as possible; however, should there be a difference between this information and the Plan documents, the Plan documents govern. It is the responsibility of each member, active or retired, to read the Summary Plan Description and all Plan materials provided in order to fully understand the eligibility and option provisions.*